

Form 228

APPLICATION TO PROCEED IN FORMA PAUPERIS

State of Vermont	Court	Unit No.	Circuit/County	Type of Case Civil	Docket Number 10/1A
Name of Applicant Rayshann TrevaTham		Date of Birth [REDACTED]		Social Security Number [REDACTED]	Telephone Number (Day)
Street Address 19351 Hwy 490		City/Township/County Trotter, MS 38963		Telephone Number (Evening)	
Names(s) of Dependents (Please you Support)		Relationship		IMPORTANT Do you receive public assistance? Do you cohabit *** with anyone? Relationship of Applicant to Cohabitant?	
Incarcerated		Total Number of Dependents (including applicant)		Yes No _____ _____	
Income Previous 30 Days Applicant Cohabitant *** Previous 12 Months Applicant Cohabitant *** Gross Income from Wages \$ \$ \$ \$ Business Income less Expenses \$ \$ \$ \$ Unemployment Comp \$ \$ \$ \$ Child Support \$ \$ \$ \$ Public Assistance* \$ \$ \$ \$ Other Income** \$ \$ \$ \$ Total \$ \$ \$ \$			Assets Real Estate Owned: Location Fair Market Value - Outstanding Mortgage(s) = Net Worth \$ \$ \$ \$ Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats Year Make/Model Amount owed Net Worth \$ \$ \$ \$ Cash on Hand \$ \$ \$ \$ Checking Account(s): Name of Bank and Account # Savings Account: Name of Bank and Account # Other \$ \$ \$ \$ Other \$ \$ \$ \$ TOTAL ASSETS \$ \$ \$ \$		
Monthly Expenses Phone \$ \$ Rent \$ \$ Utilities/Fuel \$ \$ Food \$ \$ Clothing \$ \$ Medical \$ \$ Child Support \$ \$ Insurance \$ \$ Home \$ \$ Health \$ \$ Auto \$ \$ Life \$ \$ Loan Payments: Motor Vehicles \$ \$ Home Mortgage \$ \$ Property Taxes \$ \$ Other Expenses \$ \$ Other \$ \$ Other \$ \$ TOTAL \$ \$ EXPENSES \$ \$			TOTAL ANNUAL INCOME (A+B) \$ \$ *Public Assistance could include: TANF/Reach Up, SSI and General Assistance ** "Other" could include Disability Insurance and Social Security *** "Cohabitant": adult family members living with applicant		
Applicant's Employer: Name & Address		Cohabitant's Name		Cohabitant's Employer: Name & Address	

I request the Court waive filing fees and/or pay service fees in the above entitled matter because of my low income. I make the above answers UNDER PENALTY OF PERJURY. If at any time during the pendency of this action I become financially able to pay for the filing fees and/or service fees, I will do so.

The above individual personally appeared before me and made oath to the truth of the above matters. Notary Public Date Signature of Applicant Date
 [Signature] 2-27-23 [Signature] 2-27-23

FINDINGS AND ORDER

- ☐ 1. The Applicant is Not a Financially Needy Person in that the applicant does have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees and service fees. Applicant's Request to Proceed In Forma Pauperis is hereby DENIED. You must pay \$ _____ to the court clerk within 30 days or the case will be dismissed.
- ☒ 2. The Applicant is a Financially Needy Person in that the applicant does not have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees or the service fees. Applicant's Request to Proceed in Forma Pauperis is hereby GRANTED. The ability to pay will be reassessed at the end of the case.
- ☐ 3. The Applicant is a Financially Needy Person. However, based on the financial statement, the applicant can pay the costs of service. The applicant is ordered to pay \$ _____ in service fees
☐ to the court clerk. ☐ to the sheriff.

Respondent may be required to pay the remainder of service and filing fees and any additional service fees incurred during the pendency of this case.

Court Clerk/Clerk Designee

[Signature]

Date

3/31/23

Notice to Applicant: You are advised that you have the right to **appeal** this order to the judge of this court. Your appeal must be filed in writing with the clerk of this court within 7 days of the date of this order.